California Health Information Exchange Operational Plan

March 11, 2010

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Participate Online

www.eHealth.ca.gov - *Summit* Tab

- ***Webcast Link:***
  http://mfile.akamai.com/31949/live/reflector:31279.asx?bkup=31886
- ***Toll-Free Dial in:***
  800.762.4885 (no access code required)

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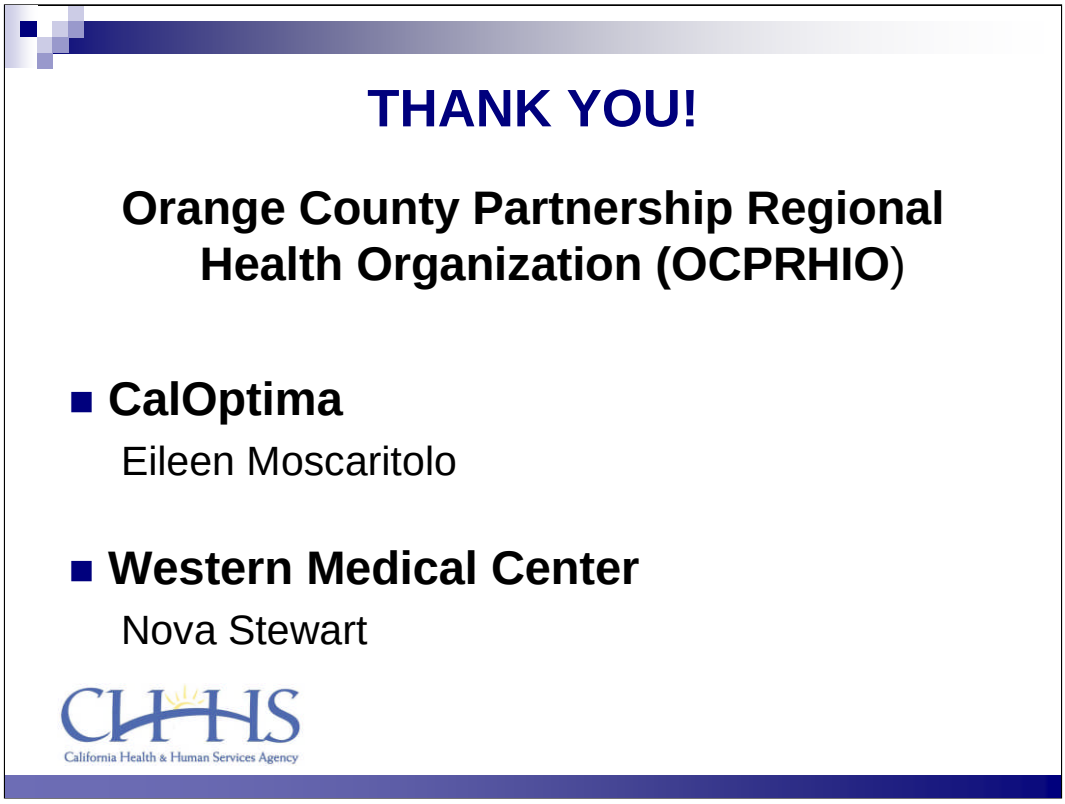

OCPRHIO is sponsoring our meeting – stepping up with short notice to provide an incredible venue

- **Funders:**
  - **The California HealthCare Foundation, LA Care, The California Endowment**
- **Consultants:**
  - **Sujansky & Associates**
  - **Manatt**
  - **Lynn Barr and Alana Ketchel**
- **OHII Staff:**
  - **Elaine Skordakis, Alex Kam, Gwyn Doebbert, Eva Coblentz, Christine Schmoeckel, Kathleen Delaney-Greenbaum**

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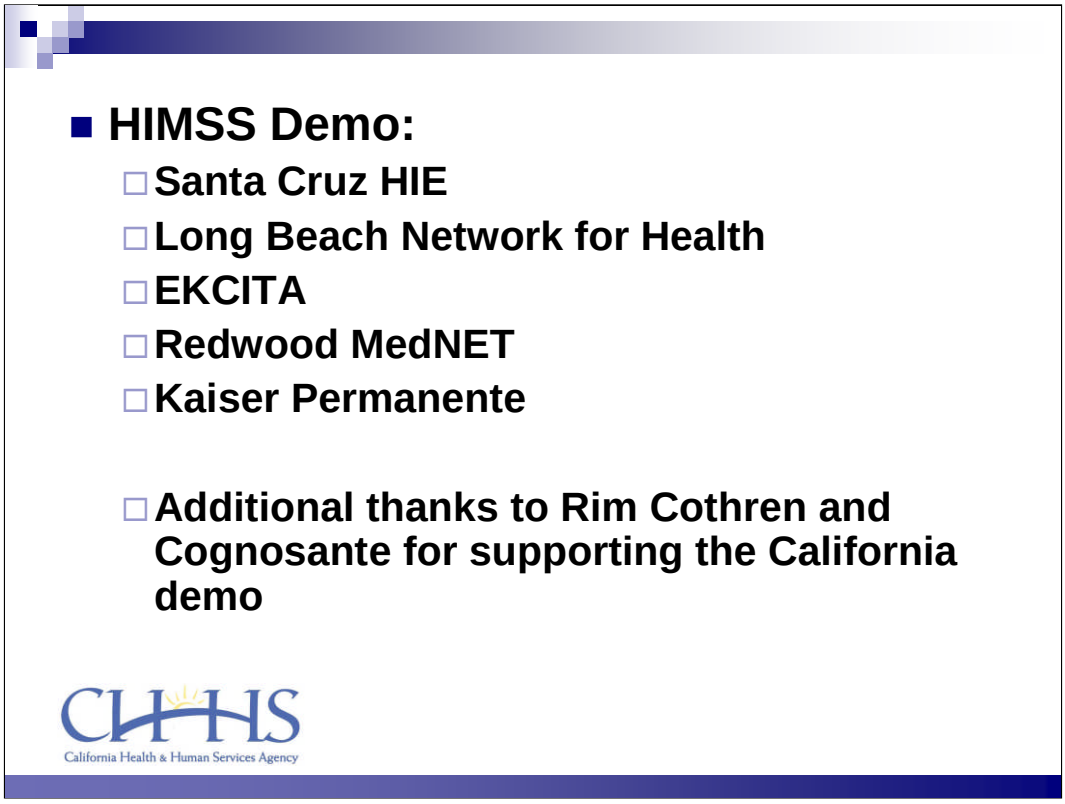
Workgroup	Co-Chairs
Technical Advisory Committee	Laura Landry (co-chair, TAC) Long Beach Network for Health Wayne Sass (co-chair, TAC) Nautilus Healthcare Management Group
Technical Workgroup	Scott Cebula (co-chair, TWG) Cebula IT Consulting LLC Robert Cothren (co-chair, TWG) Cognosante, Inc.
Patient Engagement	Albert Chan Palo Alto Medical Foundation Larry Stofko, St. Joseph Health System Mike Kirkwood Polka
Vulnerable and Underserved	Stephanie Oprendek, California Institute of Mental Health Steve Barrow, California State Rural Health Association
Finance	Steven Henry United Health Care Larry Ozeran Yuba Sutter Healthcare Council



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Agenda

- 9:00 Welcome .....Jonah Frohlich
- 9:45 Workgroup Break Out (no online access)
- 10:45 Break
- 11:00 Patient Engagement.....Tri-Chairs
- 11:20 Vulnerable & Underserved.....Co-Chairs
- 11:40 CalPSAB.....Bobbie Holm
- 12:00 Lunch
- 12:45 Medi-Cal .....Kim Ortiz
- 1:05 Public Health.....Linette Scott
- 1:25 Technical Architecture.....Co-Chairs
- 2:00 Finance/Business Operations.....Co-Chairs/GE
- 2:30 Break
- 2:45 Workgroup Break Out (no online access)
- 3:45 - 4 Closing.....Cal eConnect

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Purpose

To dramatically improve safe and secure patient and provider access to personal health information and decision making processes, benefiting the health and wellbeing, safety, efficiency, and quality of care for all Californians.

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Goals

1. To ensure patients have safe, secure access to their personal health information and the ability to share that information with others involved in their care
2. To engage in an open, inclusive, collaborative, public-private process that supports widespread EHR adoption and a robust, sustainable statewide health information exchange
3. To improve health care outcomes and reduce costs
4. To maximize California stakeholders' access to critical ARRA stimulus funds
5. To integrate and synchronize the planning and implementation of HIE, HIT, telehealth and provider incentive program components of the federal stimulus act
6. To ensure accountability in the expenditure of public funds
7. To improve public and population health through stronger public health program integration, bio-surveillance and emergency response capabilities

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Where we are and where we were…

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Cal eConnect

- The Role of Cal eConnect and workgroups
- Formed when the California eHealth Collaborative (CAeHC) and CalRHIO submitted a joint proposal in response to the RFI
- Will manage a collaborative process to develop and enforce policy guidance (privacy and security policities) through grants and contracts
- Will support grant making and procurement processes
- Will revise strategic and operational plan
- Develop sustainability model
- Carry out additional requirements described in state grant
- Operational plan is a set of recommendations for Cal eConnect to consider and revise

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Governance Entity Board of Directors

1. California Assembly Committee on Health Chair
2. California Senate Committee on Health Chair
3. California Secretary of the Health & Human Services Agency
4. California State Administrator (determined by State, may include the Department of Health Care Services, Department of Managed Health Care or other departments)
5. CEO of the HIE-GE
6. Co-chair (at-large – 1)
7. Co-chair (at-large - 2)
8. Consumer (1)
9. Consumer (2)
10. Employer
11. Health Informatics
12. Health information exchange organization
13. Health information exchange organization
14. Health Plan – private
15. Health Plan - public
16. Hospital - private
17. Hospital - public
18. Labor
19. Physician – Independent
20. Physician – Medical Group
21. Public health (local public health officer)
22. Safety net clinic

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Governance Entity Board of Directors

Initial Board:

1. David Lansky (Co-chair)
2. Don Crane (Co-chair)
3. Marge Ginsburg (Consumer)
4. Bill Beighe (Health Information Exchange Organization)
5. Howard Kahn (Public Health Plan)
6. David Joyner (Private Health Plan)
7. Tom Priselac (Private Hospital)
8. Brennan Cassidy, MD (Independent physician)
9. Ron Jimenez, MD (Public Hospital)
10. Community clinic to be announced soon…

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Strategic and Operational Plans and Timeline

- CA HIE Strategic Plan & Operational Plan
  - Both available on http://www.ehealth.ca.gov/
  - Public Comments due Monday, March 22, 2010 at 5:00 PM.
  - March 24: Feedback incorporated; final Operational Plan delivered to CHHS for Governor's Office signoff
  - March 31: Submission to ONC

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Overview of Operational Plan

What we have and what we need – next steps

- Governance
- Landscape and Capacity Assessment
- Technical Infrastructure and Design Approach
- Business and Technical Operations
- Patient Engagement
- Vulnerable and Underserved Populations and their Providers
- Legal and Policy
- Finance
- Evaluation

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Three Models

- **Decentralized**: Cal eConnect develops a set of rules and guidelines (technical standards, privacy policy guidance, financial, etc.) and issues grants to communities, and requires through their grant agreements that these regions meet these rules/requirements/standards. There are no core or central services, only guidance and grant/contractual agreements.

- **Mixed Model:** Some grants to communities/organizations with similar requirements as above, but it would also commit resources to support at a minimum set of "core services" that communities could use.

- **Centralized**: All resources devoted to a set of central services, developing and supporting the required services for meaningful use for any provider requesting them.

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Why a Mixed Model

- Leverages existing infrastructure where viable, extends scope and scale where applicable
- Supports regions and eligible hospitals & providers where no infrastructure exists
- Allows networks to connect with each other: “network of networks”
- Require the use of open standards that all must adhere to
- Could rely on Intenet protocols (i.e., TCP/IP) for routing

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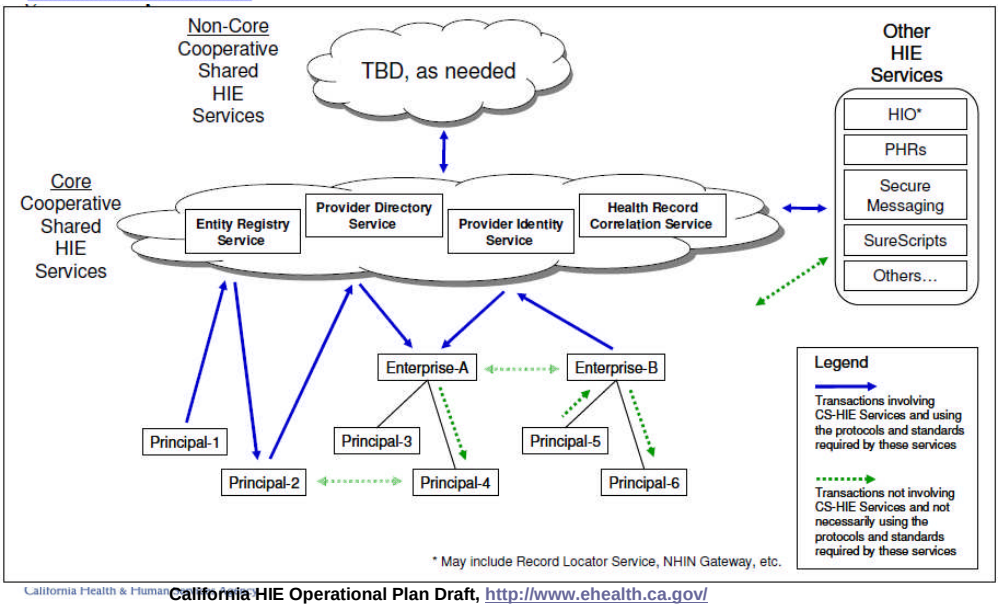
Proposed HIE Architecture for California



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California HIE Operational Plan Draft, http://www.ehealth.ca.gov/

Finance

Estimated Total HIE Costs

State	Population	Area (Square Miles)	HIE Budget
Vermont	.62	9,615	$32 Million
New York	19.3	54,000	$1 Billion
California	36.5	164,000	$1 - $2 Billion

Funding Options

Savings gain-sharing, or sharing with the HIE cost savings enabled by the exchange.

Access Charges and Subscription Fees: Possible fee structures would include a look-up charge, accessing patient data or results delivery or subscription fees based on the size and type of organization.

Taxes: a new State tax designated for the purpose of supporting HIE (would require two-thirds vote of the State legislature and) may be politically difficult; bond issuance; health plan claims surcharges; dedicated local or regional taxes.

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Meeting Purpose

- Review Draft Operational Plan
- Highlight Key Considerations
- Obtain Public Input and Guidance
- Engage California Stakeholders in HIE Planning and Implementation

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Breakouts

- Patient Engagement - Bash Annex
- Vulnerable and Underserved - Conference Room #6
- Technical Architecture - Bash Auditorium
- Finance/Business Operations - Bash Auditorium

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Patient Engagement

- Albert Chan, Palo Alto Medical Foundation
- Larry Stofko, St. Joseph Health System
- Mike Kirkwood, Polka

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Charter Objectives and Goals

- Patients and their families should have access to and control of their information, and be involved in the process of developing consent and privacy notifications to understand how their data will be used in HIE services.
- The process for developing an engagement strategy for patients and their families should be collaborative, open, inclusive, fair, and transparent.
- Meaningful use requirements and HIE services should serve as the foundation for developing a patient and family engagement strategy and recommendations.
- Patient and family engagement should address how personal health records (PHRs) and other consumer-centric tools factor into overall health management, and the best ways to use PHRs to advance consumer empowerment.
- Each point of care should be a point of engagement where the patient's provider enables the patient and his or her family to understand and participate in the promise of HIE.
- The Workgroup should encourage entrepreneurship and a burgeoning competitive commercial marketplace for secure and sound HIE products and services that will encourage patient and family engagement in health care decision making.

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Charter Objectives and Goals (Continued)

- The greater goal of engaging patients and their families in HIE services is to improve health outcomes. Improving outcomes is achieved by inculcating patients and with a sense of accountability, providing tools to improve medication and treatment regimen adherence, empowering individuals to take an active role in their own health and self-management, and increasing satisfaction with healthcare services.
- Define key elements, timeline, and resources required for a patient and family engagement strategy, including specific tools to ensure that patients and families have access to and control of their health information.
- Create patient and family education materials and patient awareness initiatives, and address educational need to show that patients and families' participation as technology and data-enabled partners in the care process is key to improving the patient's health outcomes.
- To garner support, consensus and endorsement from California providers, policymakers consumer advocacy networks, eHealth and Health 2.0 innovators in patient self-management tools, and providers, payers and other stakeholders working to foster patient and family engagement with HIE services.

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Patient Engagement Principles

- Earn the trust of the health information exchange users
- Fully engage patients in HIE services.
- Establish how PHRs and other tools factor into health management and advocate the best way to use these tools to advance consumer empowerment
- Support innovation, leveraging the HIE infrastructure.

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Making the most of Patient Engagement recommendations to Inform California's Ultimate technology approach

- What is our ultimate goal?
  - one statewide system
  - a set of centralized and decentralized services
  - an evolving ecosystem of public and private technologies

- How should the Patient Engagement workgroup best make effective recommendations on what to prioritize?
  - What technology will be funded by federal grant
  - What should we encourage the market to develop
  - How do we foster entrepreneurship for market solutions

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Segmentation to Optimize Engagement: Patients, Families, Consumers

- Use segmentation: meet consumers, patients and families where they are with regard to consumer-friendly tools that exist or are emerging, barriers to technology use, etc.
- Market segmentation: target specific populations for initial engagement efforts or special outreach
- Cost segmentation: are there cost models that are appropriate for different segments or can we remove the barrier to entry that would be cost, relying on consumer-specific and non-consumer specific value-added services for sustainability

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Privacy and Security Revisited: Enabling Ubiquitous Choice and Access

- What do we mean when we say “opt in” and opt out”?
  - What tools should be leveraged to ease the patient experience to encourage/ensure participation
  - What are the mechanics of recording and transmitting privacy preferences and settings?
  - How do we best communicate this to the consumer?
- What protections will be imposed on HIE services, and how do we communicate those effectively to the patient so that there is inherent trust in the system
- Do these protections move down to the business associates of each system? Will these business associates also protect and log downstream access from their systems?

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The Heart of the HIE: What do we call them?

- "Patients" versus "consumers"
  - Arguments
    - Patients
      - Implies that one has to be a patient to utilize the HIE.
      - Patient is terminology used in meaningful use
      - Not the term of choice across the country
    - Consumers
      - Implies action has already been taken to (something has been "consumed")
      - Several other parties are actually consumers of the HIE
      - Term of choice across the country since people more naturally think of themselves as consumers of services and not patients adopting tools to engage in the value of health information exchange
      - Allows for a more far-reaching engagement approaches
  - Proposal: use "patients and families" as that is meaningful use term of art; but make it clear in the first instance of the term "patient" in the Operational Plan that we recognize that the HIE is ultimately applicable to all consumers of health care in California and beyond and we will take this strongly into consideration for all engagement activities.

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Vulnerable and Underserved

- Stephanie Oprendek, California Institute of Mental Health
- Steve Barrow, California State Rural Health Association

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Charter: To Consider, Conform (Where Possible) and Communicate

- To address the specific needs of the underserved and vulnerable populations, and ensure that those specific needs are addressed in the operational planning process so that the HIE works to eliminate disparities in care.
- To ensure that federally defined and California Medi-Cal requirements for addressing the needs of these populations are met to assist the HIE Governance Entity and the State to put the expected $38.8 million in HITECH grant funding to the best and highest use.
- To ensure that requirements for the expected participants in HIE are incorporated into specific tools and functions developed for these populations; expected participants include: consumers, hospitals, ambulatory care providers, health plans, Health Information Organizations (HIOs), government and others.
- To garner support, consensus and buy-in from California advocacy groups representing these populations.
- To ensure that the HIE needs of the various programs providing critical services to these populations are addressed and met through the HIE services to be developed.
- To ensure that communication strategies are developed that allow these populations and the programs that serve them to access HIE services.

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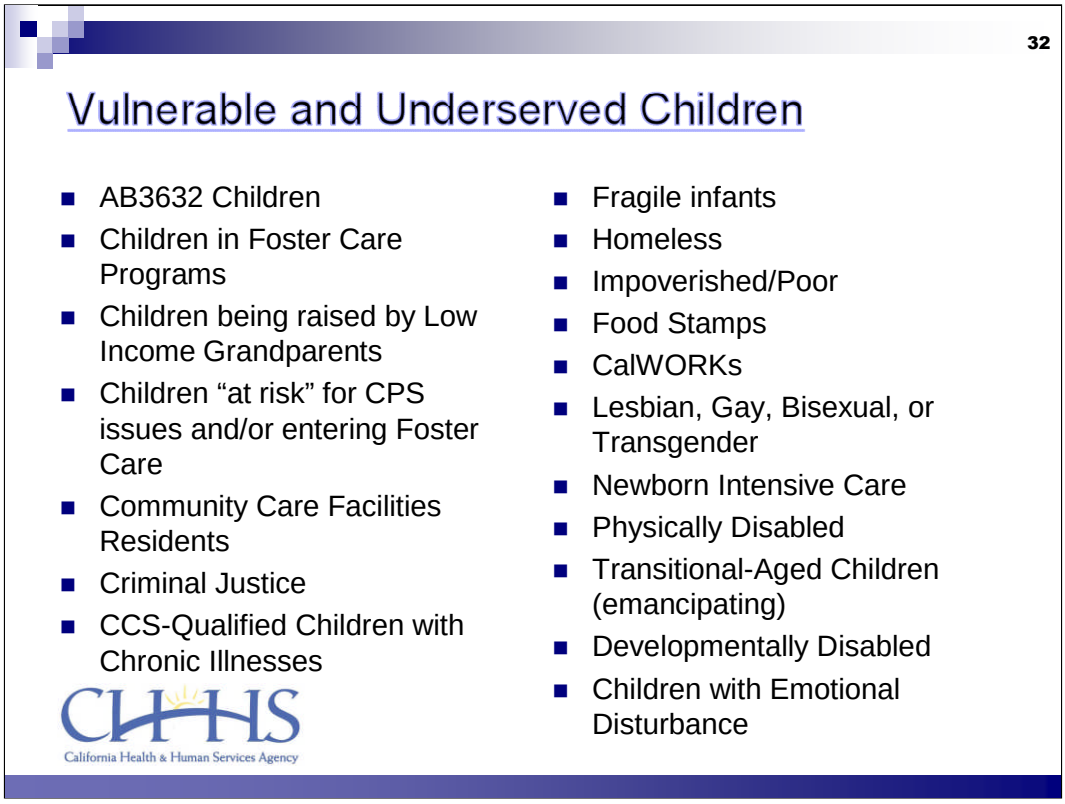
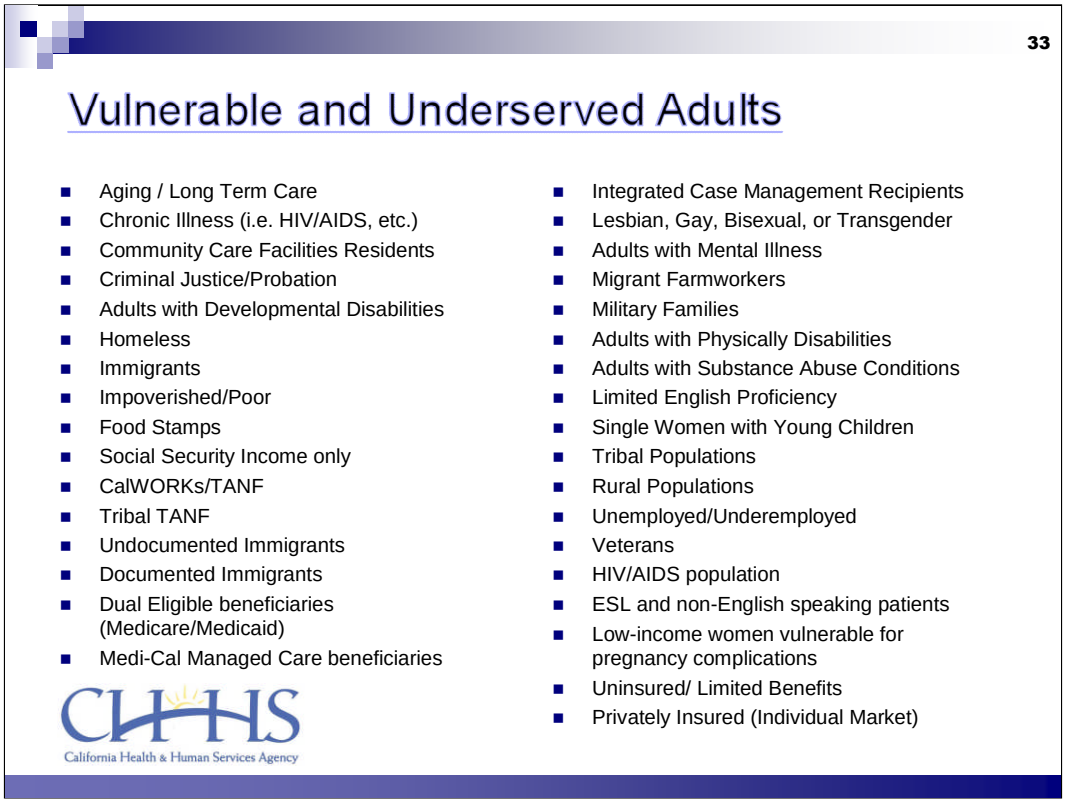


Not intended to read off the list, but to give audience a sense of scope



Not intended to read off the list, but to give audience a sense of scope

Vulnerable Population Issues:

- Needs:
  - Enhanced privacy protection
  - Greater coordination of care
  - Improved health literacy
  - Simplified administration
- Proposed Solution:
  - Dedicated Program Manager at Cal eConnect to represent these patients, identify solutions, and advocate for resolution

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Not intended to read off the list, but to give audience a sense of scope

Vulnerable/Underserved Provider Issues

- Needs:
  - Integration of up to 150 disparate health and social services databases and systems
  - Technical assistance for county and state mental health agencies
  - Lack of financial support and incentives for many vulnerable and underserved providers
  - Reduce State waste and expense by HIE collaboration

- Proposed Solutions:
  - A complete inventory, prioritization and lifecycle plan for the integration of Public Health, Behavioral Health, Social Services, Health Services and Corrections information systems
  - A representative of the SDE join the California Mental Health Directors Association Information Technology Committee to assist their planning process
  - Identification of sustainable services and synergies
  - Identification of additional financial resources to support V/U HIE

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ISSUES: Rural Providers

- Needs:
  - 29 Critical Access Hospitals need up-front funding
  - 65 Rural Communities need technical assistance and HIE infrastructure to achieve meaningful use
- Proposed Solution: Rural Program Manager at SDE
  - Perform initial technical assessments for each community including a rough project plan, budget and ROI analysis.
  - Develop standards, tool kits and group purchasing agreements to enable efficient implementation.
  - Identify/provide funding for adequate local planning and HIE infrastructure through the Rural Health Information Technology Consortium (RHITC).
  - Foster sustainable community-based HIE business models.

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ISSUES: Communications

- Special Needs:
  - Privacy concerns
  - Language issues
  - ADA compliance
  - Cultural Competency
  - Sensitivity

- Proposed Solutions:
  - Education materials should be developed for all populations with standardized core messages and graphic design
  - These materials should be adapted for all vulnerable and underserved populations in consultation with advocacy groups
  - These materials should not be printed or distributed, but made available for distribution by the advocacy groups and providers through the internet

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Privacy and Security

- Bobbie Holm
  California Privacy and Security Board

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- **HISPC** - Over 350 Variations
  - **TRUST**
  - **NO INFRASTRUCTURE**

Four Categories of Variations:

Privacy

Security

Legal

Education

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18 scenarios

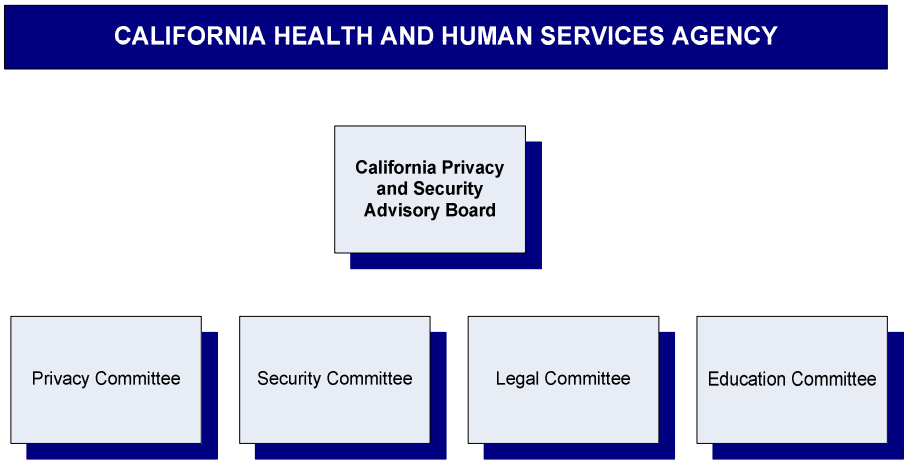
7 scenario work groups
Steering Committee

Legal committee

Solutions Committee

Implementation Committee

Resulting Infrastructure



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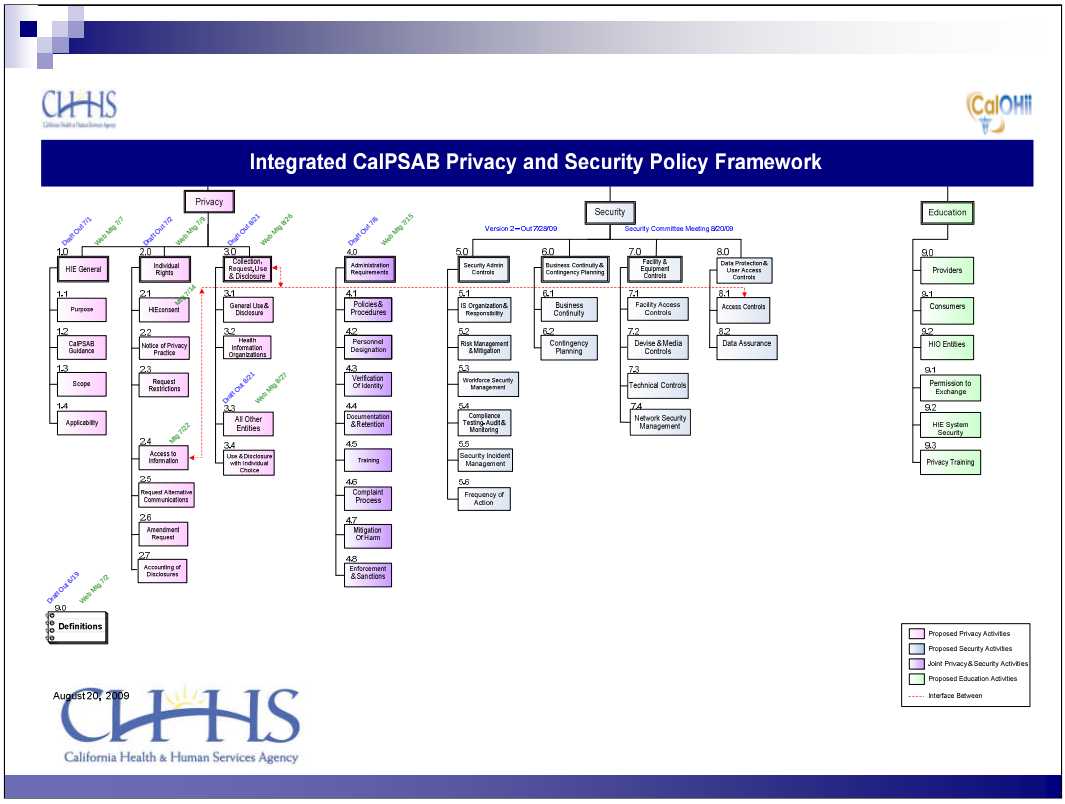
Agency approved.

Federal HIPAA, CMIA & PAHRA, etc.



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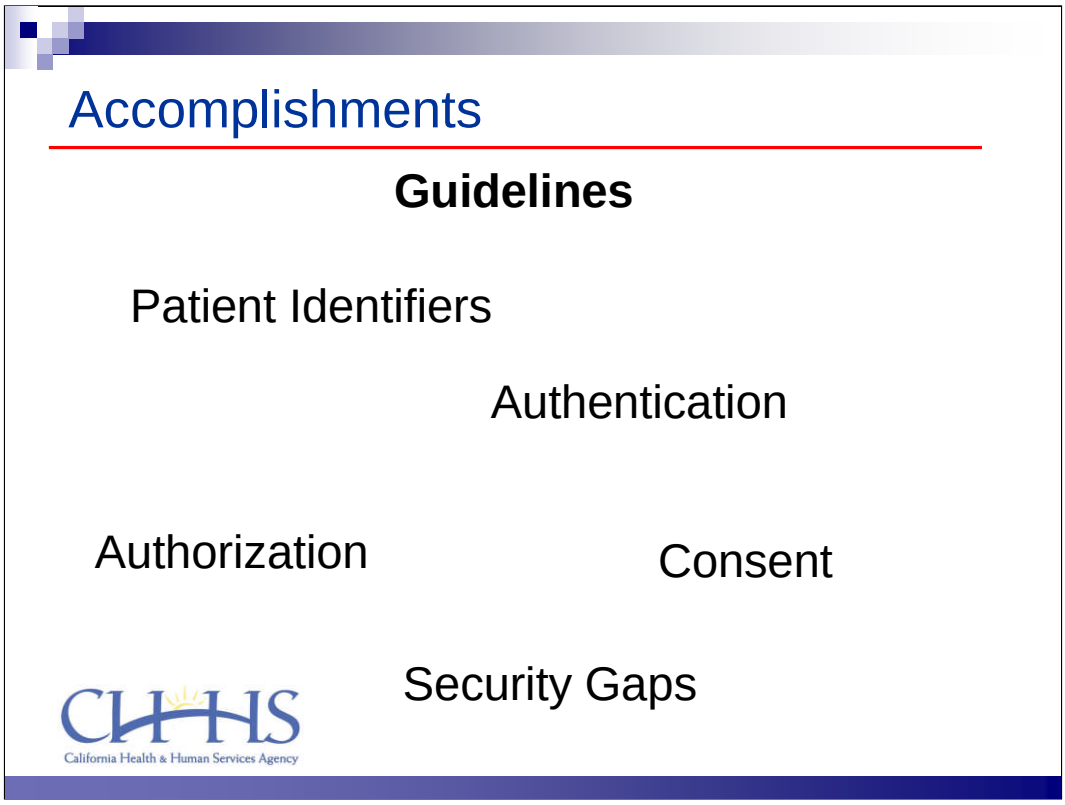
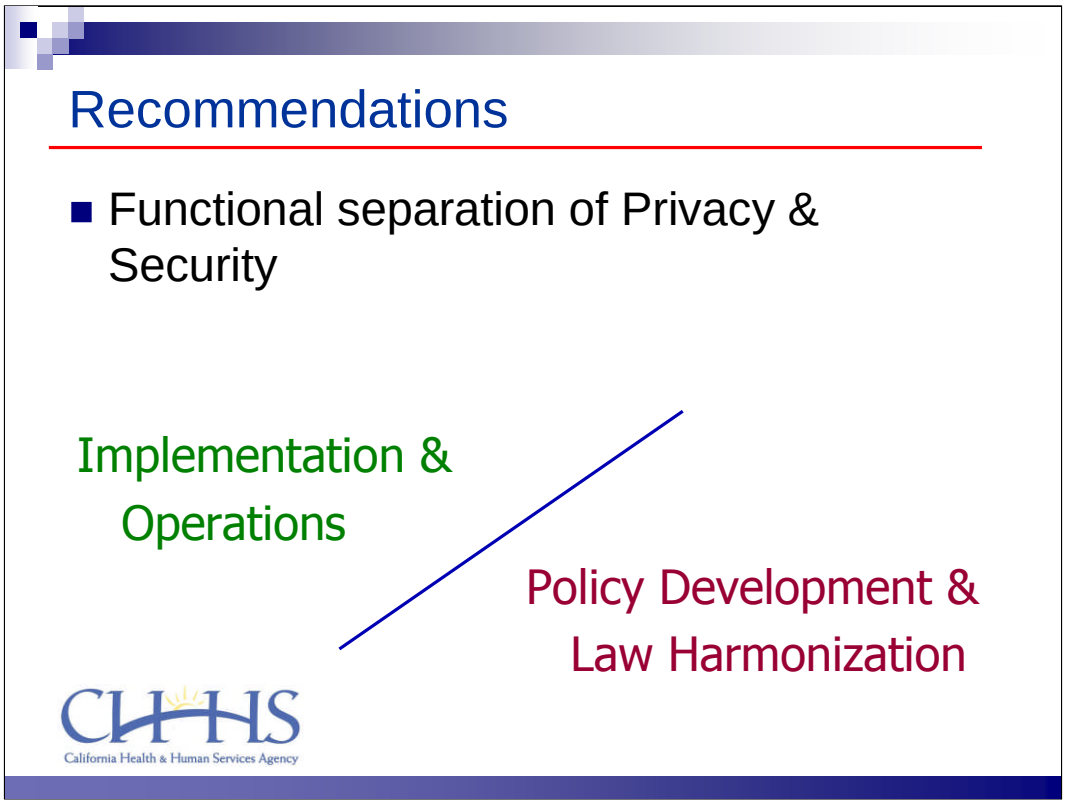


Beyond the Guidelines.

Consent currently being reviewed …

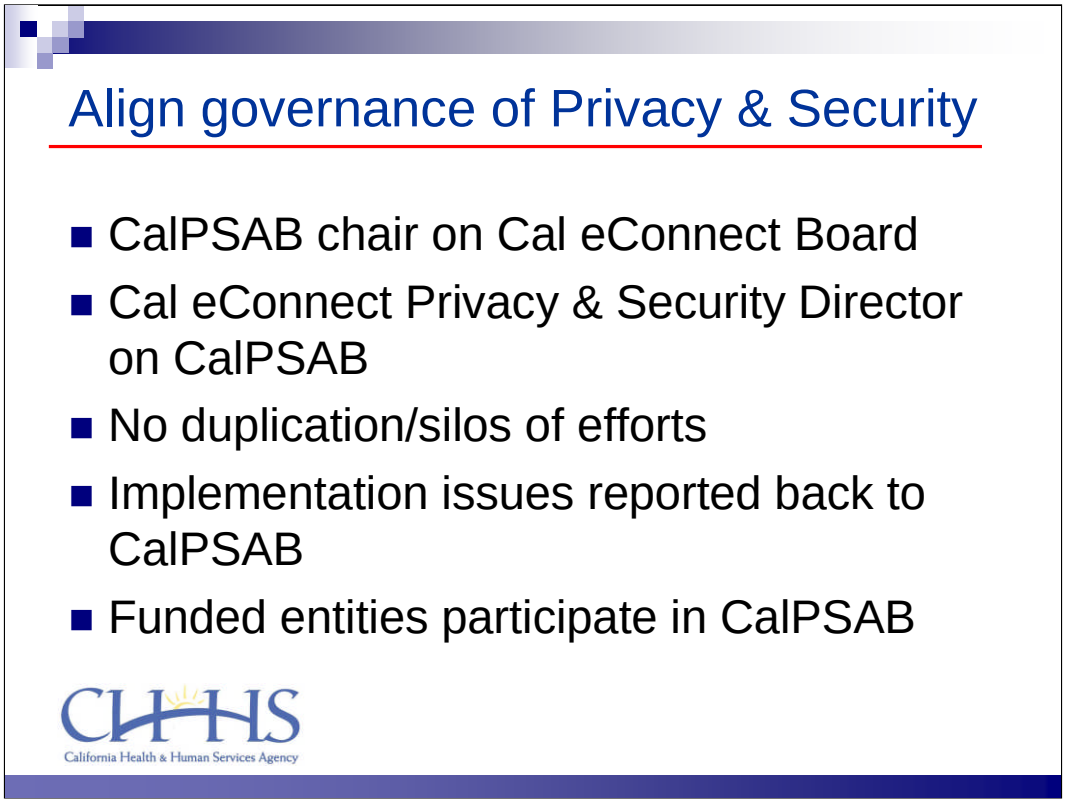


Governance entity function.

Governance Entity immediate issues … CalPSAB long term issues.

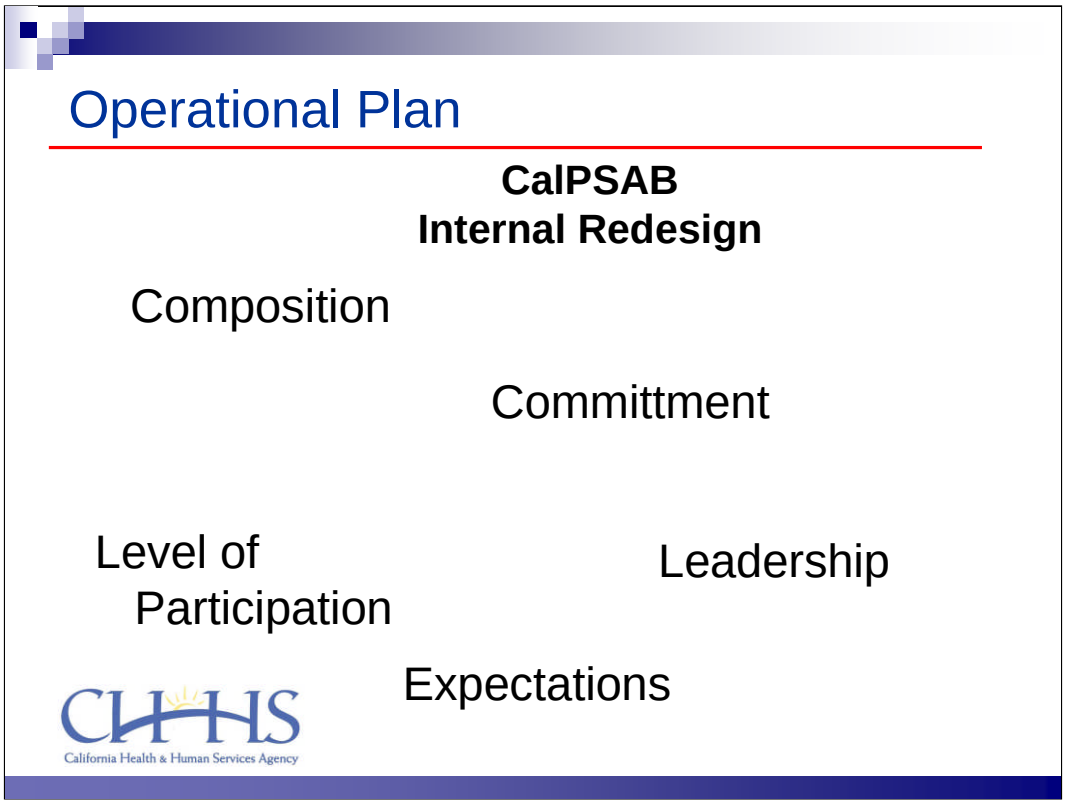
Polarities.

Government Function

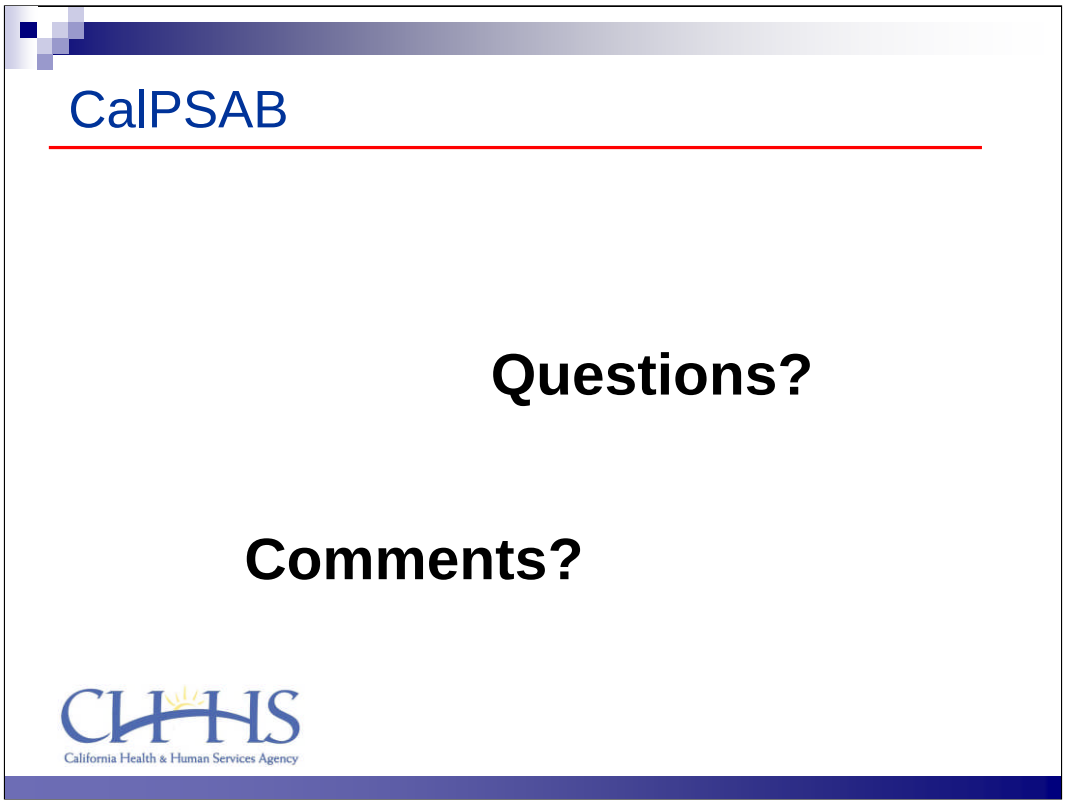


Communication, coordination & collaboration

Government Function



Balanced Core representation for voting. Board and committees perspective



Balanced Core representation for voting. Board and committees perspective

LUNCH!

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Medi-Cal

- Kim Ortiz, Department of Health Care Services

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Medi-Cal EHR Incentive Program

- Update on Planning Process
- New MMIS
  - HIE Hub
- Partnerships
  - RECs
  - Cal eConnect
  - Managed Care Plans

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Need Assistance in MU Verification

- No ability to verify meaningful use in 2011
  - Electronic Claim and Eligibility through EHR
  - Lab Interoperability
  - Quality Reporting
  - eRx
  - Public Health Reporting
- Funding Opportunities

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Public Health

- Dr. Linette Scott, California Department of Public Health

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Public Health Infrastructure Interfaces for California HIE and NHIN

- Improve public health IT infrastructure to allow:
  - receipt of electronic health data
  - transformation of data into information
  - dissemination of information to policy makers, health care providers, and the public.
- Public health will need upgrades in capacity and service to meet the business needs that support engagement in the California HIE and the nationwide health information network (NHIN)

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Public Health Data Integration

- Perform planning for improved and expanded use of HIT by public health departments
- Interoperability and integration of core data repositories (e.g., vital records, etc.) and registries (e.g., cancer, birth defects, etc)
- Improve use of public health data for prevention of diseases and improvements in quality of care through the integration, de-duplication, linkage, and de-identification of data for analysis that is critical to add value for policy and public health interventions

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Health Information Delivery

for policy makers, health care providers & public

- To realize the benefit of health information exchange, health data must be transformed to useful information that can be understood by all policy makers, health care providers and the public
  - Delivery of population information about the health of communities
  - Data dissemination to providers to inform care
  - Reporting on disease patterns and interventions as with the novel H1N1 pandemic

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Laboratory Data Exchange

Establish infrastructure required for electronic exchange of laboratory data with health care providers, facilities and public health practitioners for the purpose of tracking diseases and conditions and improving health.

- Laboratory data often serves as the sentinel reporting mechanism for outbreak recognition, biosurveillance, and emerging threats
- Majority of laboratories have electronic data and are recognized as a potential win for health information exchange
- Laboratory data are frequently a source of duplicated effort and have direct benefit for health care quality and cost

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Issues for Input

- What services from public health would facilitate providers achievement of meaningful use requirements?
- What are requirements of core services from HIE to support exchange of immunization, lab reporting, public health reporting between providers/hospitals and public health agencies?
- What standards in process, data collection, and data processing can public health steward to facilitate meaningful use for providers?
- How will funding be sustained for HIE with respect to services consumed or provided by public health entities?

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Technical Architecture - Representatives

- Laura Landry (co-chair, TAC)
  Long Beach Network for Health
- Wayne Sass (co-chair, TAC)
  Nautilus Healthcare Management Group
- Scott Cebula (co-chair, TWG)
  Cebula IT Consulting LLC
- Robert Cothren (co-chair, TWG)
  Cognosante, Inc.
- Walter Sujansky (staff, TAC/TWG)
  Sujansky & Associates, LLC

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Slide 59

A1 I changed the order of the co-chairs as suggested in my previous email. Change as you see fit.
Author, 3/10/2010

A2 This recently changed to "LLC".
Author, 3/10/2010

Technical Architecture - Charter

- Develop a technical architecture for shared HIE services
  - Help CA stakeholders achieve “meaningful use”
  - Underpin the State Operational Plan for HIE
  - Inform future procurement activity
- Charter of the Technical Advisory Cmt. (TAC)
  - Define priorities and recommend to the GE a statewide architecture for HIE
- Charter of the Technical Working Group (TWG)
  - Define a technical architecture that addresses the TAC priorities

A3

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Slide 60

A3 I suggested some language here. Feel free to make this correct. I just wanted to illustrate an idea.
Author, 3/10/2010

Goals of Technical Architecture

- Facilitate health information exchange for meaningful use in California where it would otherwise not occur
- Provide a trust infrastructure for the electronic exchange of health information across organizations that have no pre-existing data-sharing arrangements
- Provide a directory infrastructure for providers to locate each other and to determine the format(s) that they mutually support for health information exchanges
- Assist organizations to match exchanged health information to the correct patient records
- Leverage existing mechanisms and resources for health information exchange that are working, rather than impose new ones where they are not needed
- Address gaps in the NHIN specifications with respect to achieving HIE for meaningful use

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Supporting the Meaningful Use Criteria

A4

Proposed Priorities

- Top priorities
  - Eligibility checking
  - Key clinical data exchange
  - Lab results delivery to EHRs and public health
- Medium priorities
  - EDI between EHRs and immunization registries
- Lower priorities
  - eRx transmission, claims submission, e-copy to patients, syndromic surv.

Business Requirements

- What will the service do?
- What value will it provide?
- Who will use it?
- Essential or nice-to-have?
- Will it generate revenue?
- What is LOE to develop?
- What are barriers?

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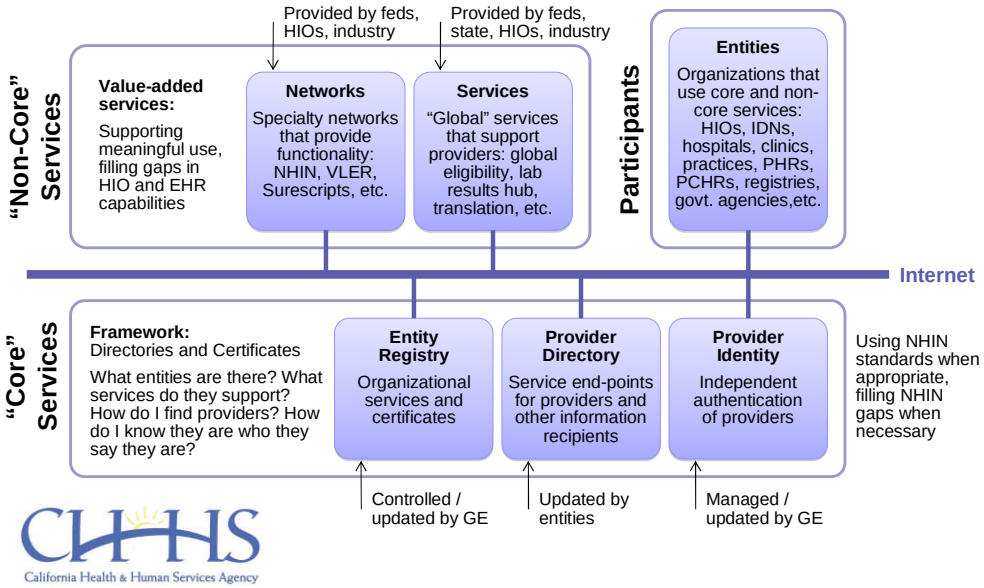
Slide 62

A4 I'll leave it to someone else to draft this slide. My suggestion is illustrated, but the information is missing or not necessarily correct.
Author, 3/10/2010

Proposed Technical Architecture A5



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Slide 63

A5 A proposed alternative...

I've moved the original from the document to "extra slides" at the end.
Author, 3/10/2010

Addressing Gaps in NHIN

What NHIN Provides	CA Architecture Approach
■ Service registry for entities □ Strict service specifications, perhaps relaxed in "NHIN Direct"	■ Entity Registry Service □ Services & certificates for entities and network nodes □ Relaxed service specifications
■ Root certificate authority for entities	
Gap	■ Provider Directory Service □ Service end-points for providers within entities (address and format) ■ Provider Identity Service □ Authority for authentication
■ Policies for patient consent	■ Policies for patient consent (TBD)

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Outstanding Discrepancies and Issues

- HIE Resource Development: "Decentralized" vs. "Mixed Model" [Finance]
- Right set of CS-HIE Services
  - "Secure Messaging"? [Patient Engagement]
  - "Statewide Scheduling System for Referrals"? [Vulnerable and Underserved]
  - "Lab Translation" allowed? [CHHSA Legal and Policy]
- Sustainability of CS-HIE Services [Finance]
- Budgeting for CS-HIE Services [Finance]
- Operational Issues
  - Should entries in Entity Registry Service be voluntary? [HIE-GE]
  - Who/what will manage provisioning of entities in Entity Registry Service and the Provider Identity Service? [HIE-GE]
- Implications of Opt-in vs. Opt-out [CalPSAB]

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Finance Co-Chairs

- Steven Henry, United Health Care
- Larry Ozeran, Yuba Sutter Healthcare Council

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Finance WG Charter

- To develop cost estimates for achieving statewide HIE (total cost of HIE infrastructure)
- To develop a menu of potential HIE costs and revenue sources that can be utilized by any region
- To develop financing strategies that will enable the provision of high-value HIE services, including those that support meaningful use and others that generate sustainable demand.
- To develop policy recommendations for financing strategies and sustainability models that may be incorporated into the Operational Plan for submission to ONC on March 31,2010.

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Finance WG Charter Continued

- To ensure that requirements of the expected HIE participants are incorporated into and supported by the HIE infrastructure.
- To garner support, consensus, and buy-in from California stakeholders around financing strategies and sustainability models for HIE in California.
- To make recommendations for the sustainability of the GE beyond expiration of federal grant funding.

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Budget Approach

- Offered 3 models for GE consideration
- Recommendation from CHHS: “Mixed-Model” Approach
  - Viable HIOs would receive grant funding to expand scope and/or scale
  - GE would offer services to eligible providers who don’t have access to existing HIE service providers
- Revised original budget submitted to ONC to reflect more decentralized model

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Sustainability Approach

- Compiled a list of potential revenue sources for local HIOs and State-level shared services
  - Taxes
  - Access charges & subscription Fees
  - Savings gain-sharing
- Devised an 18-month workplan to develop a sustainability model

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Remaining Issues

Issue	Description
Mixed-Model Governance Budget Reconciliation	The finance section will need to be revised to determine which core and high priority services proposed by the TAC/TWG are sustainable without grant funding or taxation and how they will fund the activities of the GE.
Sustainability Model for HIE	Require more information about the future structure of the GE to allocate dollars appropriately to the various services and build a comprehensive potential revenue model for sustainability.
Vulnerable and Underserved Budget Requirements	Funding needs for Vulnerable and Underserved services related to HIE still need to be discussed and reconciled with the Budget.

Next Steps

- Determine which core and non-core services are sustainable without grant funding or taxation and will add revenue to support the GE
- Consider and incorporate, as appropriate, final requirements from patient engagement and V/U groups
- Begin working with GE to better understand budget requirements

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Breakouts

- Patient Engagement - Bash Annex
- Vulnerable and Underserved - Conference Room #6
- Technical Architecture - Bash Auditorium
- Finance/Business Operations - Bash Auditorium

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Closing Remarks

- Thank you!

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